

Client Enrollment Form

2 Pidgeon Hill Dr. Phone (703) 404-8151
Suite 550 Toll Free (800) 626-4829
Sterling, Virginia 20165 Fax (703) 404-8155

About The Employer

Name (First, Middle, Last) Social Security Number

Spouse Name if filing joint Federal tax return (First, Middle, Last) Social Security Number

Mailing Address (If different from home address, complete Section 1 on page 2. NO P.O. BOXES) City County (Required) State Zip Code

Home Phone Work Phone Fax E Mail

Date wages first paid by employer How were you referred to HomeWork Solutions?

HomeWork Solutions will prepare Quarterly Federal Tax Deposit coupons unless specifically declined by client.

No. Do Not prepare Quarterly Federal Tax Deposit coupons.
I will make other arrangements for remittance of Fed. Employment taxes.

Have you paid or been registered to pay household employment taxes in the past? Yes No

Do you need to file for previous quarters/years?
If you answered Yes to either question, complete Section 2 on page 2. Yes No

About The Employee

Name (First, Middle, Last) Home Phone Social Security Number

Mailing Address City County State Zip Code

Start Date 1st Pay Date Number of Withholding Allowances Filing Status Single Married Married but Withhold at higher Single Rate

Forms W-4 & 1-9 are available at <http://homeworksolutions.com>

Wage Amounts Per Pay Period*

Pay Period: Weekly Biweekly (26x/yr) Semi-Monthly (24x/yr.) Monthly

Pays Hourly Hourly (Hours Range to /pay period \$ /per hour)

Gross Wages \$

LESS Amounts Withheld (if Applicable)

Social Security (6.2%)	\$ <input type="text"/>	State Income Tax	\$ <input type="text"/>
Medi care (1.45%)	\$ <input type="text"/>	City (Name) <input type="text"/>	\$ <input type="text"/>
Federal Income Tax	\$ <input type="text"/>	Other <input type="text"/>	\$ <input type="text"/>

Net Payment (Check Amount) \$

This Employee is Paid On

Are you deducting (withholding) federal/state income taxes from your employee's pay? Yes No
(Note: Not required in most states, although employee remains liable for any tax due.)

Are you deducting your employee's part of Social Security/Medicare from his/her pay? Yes No
(Note: You are responsible to remit the employee share, whether withheld or not.)

*If you need any assistance completing this information, please call 1-800-NANITAX for guidance.

Enroll Me For Complete Payroll Service Weekly Biweekly Essential Payroll Service EFT Credit Card

Enrollment Fee
New Client (\$100 one time enrollment fee)
Returning Client (\$50 reactivation fee)

Payment Type MasterCard Discover Visa Check Enclosed

Credit Card Number Expire Date

Employer Signature (Required) Date

Attach any Special Handling Instructions on a Separate Sheet Please.

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Complete this page ONLY if instructed to do so on page 1.

Section 1
Employer's Address

Home Address _____

City _____ County _____ State _____ Zip Code _____

Section 2
Previous Quarter/Year

Employee's Name (First, Middle, Last - If different from page 1.) _____ Home Phone _____ Social Security Number _____

Mailing Address _____ City _____ County _____ State _____ Zip Code _____

Federal Employer's Identification Number (Not SSN) _____ State Unemployment Tax Number _____ State Withholding Tax Number _____ Number of Withholding Allowances _____ Filing Status Single Married

Form W-4 is available at <http://homeworksolutions.com>

Year	Enter Wages PAID*	Pay Period Wage	1st Quarter (1/1-3/31)	2nd Quarter (4/1-6/30)	3rd Quarter (7/1-9/30)	4th Quarter (10/1-12/31)
	Gross Wages	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	LESS Amounts Withheld (if Applicable)					
	Social Security (6.2%)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Medicare (1.45%)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Federal Income Tax	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	State Income Tax	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Other	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
	Net Payment (Check Amount)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

* Must have gross and net wage information for processing. If you need any assistance in completing this form, please call 1-800-NANITAX for guidance.

Additional Information

HomeWork Solutions has made every effort to simplify and facilitate the customer's ability to provide all required information to HomeWork Solutions to prepare the forms that the customer will need to submit to the Internal Revenue Service, Social Security Administration, and other State and federal governmental entities with respect to the payment of wages to household domestic help. HomeWork Solutions will stay abreast of changes in tax rules and regulations to assist customers in the proper reporting and record keeping of information. Nonetheless, the preparation of forms by HomeWork Solutions is depended upon the accuracy and completion of the information provided by the customer to it. HomeWork Solutions cannot be responsible for any errors in the information that is provided to it nor any inaccuracies caused by the customer's failure to provide HomeWork Solutions with complete information. HomeWork Solutions warrants that based on the information that it does receive, every form it prepares will contain accurate calculations.

THESE ARE YOUR SOLE REMEDIES FOR ANY BREACH OF WARRANTY, EXCEPT FOR THE EXPRESS WARRANTIES SET FORTH ABOVE, AND SUBJECT TO ANY CONTRARY PROVISIONS IF APPLICABLE. OUR SERVICE AND THE COMPLETED FORMS ARE PROVIDED TO YOU "AS IS", AND HomeWork Solutions DISCLAIMS ALL OTHER WARRANTIES, EXPRESS OR IMPLIED, INCLUDING WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE. EXCEPT AS EXPRESSLY SET FORTH ABOVE, YOU ASSUME THE ENTIRE RISK AS TO THE ACCURACY AND COMPLETENESS OF THE FORMS PREPARED BY HomeWork Solutions. IN NO EVENT SHALL HomeWork Solutions BE LIABLE FOR INDIRECT, SPECIAL, OR CONSEQUENTIAL DAMAGES. IN THE EVENT ANY LIABILITY IS IMPOSED ON HomeWork Solutions, HomeWork Solutions' LIABILITY TO YOU OR ANY THIRD PARTY SHALL NOT EXCEED THE TOTAL AMOUNT OF FEES YOU HAVE PAID TO HomeWork Solutions IN A CALENDAR YEAR.

You, and not HomeWork Solutions, are responsible for signing the forms prepared by HomeWork Solutions and submitting them in a timely fashion to the appropriate governmental agency. Please review the completed forms carefully, and if correct, sign and date each form where indicated, and check to make sure you send each form to the specified address by the due date.

HomeWork Solutions warrants that it will make every effort to keep the information supplied by the customer confidential. Nevertheless, the customer agrees that HomeWork Solutions may utilize the services of unrelated accounting firms to assist in completing forms for HomeWork Solutions customers and that the Customer may be contacted directly by such an accounting firm.